

**ALABAMA STATEWIDE CANCER REGISTRY (ASCR)
NON-CONFIDENTIAL DATA REQUEST FORM
TELEPHONE: (334) 206-3962**

PLEASE PRINT THIS FORM AND FAX COMPLETED FORM TO (334) 206-3757:

_____ Name	_____ Company	_____ Email	_____ Phone
----------------------	-------------------------	-----------------------	-----------------------

TOPIC OF REQUEST:

PURPOSE OF REQUEST:

REQUESTED DUE DATE:

INFORMATION NEEDED: (Be Specific)

It is understood that this information is to be used solely for the purpose stated on this form. No patient-specific, physician-specific, or facility-specific information will be released. County-level data is the lowest geographical level that can be released and even then only if the number of cases is above a certain threshold. Any researcher requiring confidential data (i.e. Patient name, date of birth, social security number, etc.) must complete a separate application and subsequently receive approval from the ASCR Advisory Council and the Alabama Department of Public Health Institutional Review Board (IRB.)

_____ Signature of Requestor	_____ Date
---------------------------------	---------------